

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<div>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</div>		<div>A. Signature <div>X <i>Ben Hough</i></div><div><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div></div>	
<div>1. Article Addressed to: <i>BUFORD F. HOUGH c/o 1739 KENNETH ST. TRENTON, OH 45638</i></div>		<div>B. Received by (Printed Name)<div></div>C. Date of Delivery <i>10-7-04</i></div>	
		<div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div>	
		<div>3. Service Type <div><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</div></div>	
		<div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div>	
<div>2. Article Number (Transfer from service label) <i>7001 2510 0008 6348 6854</i></div>			
<div>PS Form 3811, August 2004 Domestic Return Receipt 102595-02-M-1540 <i>MHW-SSB Doc 62 01-541</i></div>			